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Series 1000
Community/Board Operations

POLICY REGARDING AUTOMATIC EXTERNAL DEFIBRILLATORS

In order to assist individuals who may experience sudden cardiac arrest or a similar life-threatening emergency during the school's normal operational hours, during school-sponsored athletic practices and athletic events taking place on school grounds, and during school-sponsored events not occurring during the normal operational hours of the school, the Colchester Board of Education (the "Board") maintains at each school under the Board's jurisdiction, automatic external defibrillators ("AEDs") and school personnel trained in the operation of such automatic external defibrillators and the use of cardiopulmonary resuscitation. It is the policy of the Board to support the use of these automatic external defibrillators and trained school personnel during medically appropriate circumstances.

Requirements concerning the use and maintenance of AEDs are set forth in the accompanying Administrative Regulations as may be supplemented by or amended by the Administration from time to time.

For purposes of this policy and the accompanying regulations, an AED is a device that:

1) is used to administer an electric shock through the chest wall to the heart;
2) contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnosis and, if necessary, apply therapy;
3) guides the user through the process of using the device by audible or visual prompts; and
4) does not require the user to employ any discretion or judgment in its use.

Legal References:

Connecticut General Statutes

§ 19a-175 Definitions
§ 52-557b Good Samaritan Law
§ 10-212d Availability of Automatic External Defibrillators in Schools

Regulations of Connecticut State Agencies

Department of Public Health § 19a-179-1 et seq.

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ADMINISTRATIVE REGULATIONS
AUTOMATIC EXTERNAL DEFIBRILLATORS

I. Definitions:

Automatic External Defibrillator (AED) — a device that: (A) is used to administer an electric shock through the chest wall to the heart; (B) contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnosis, and, if necessary, apply therapy; (C) guides the user through the process of using the device by audible or visual prompts; and (D) does not require the user to employ any discretion or judgment in its use.

AED certified person— a person who is certified in the operation of automatic external defibrillators and the use of cardiopulmonary resuscitation, and has a copy of his/her certification on record with the Colchester Public Schools.

II. Defibrillator Location

1. The Colchester Public Schools will have defibrillators and at least one AED certified person in each school building under the jurisdiction of the Colchester Board of Education (the "Board").

2. The AEDs will be strategically placed and readily accessible to maximize rapid utilization.

3. [**Include if the District has only one AED for each school, rather than a separate portable AED for the Athletic Department or other school-sponsored events occurring after the school's normal operational hours].** After school hours, the AED may be moved from its designated location by an AED-certified athletic trainer/coach or other designated school staff member to support athletic department activities on school grounds or other school-sponsored activities. A visible sign must be left in the place of the AED with the phone number and the location of the individual having possession of the AED. The AED must be returned to its designated location upon completion of the supported activity.

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III. Responsibility for Operation, Maintenance and Record-Keeping

1. The school nurse at each building in which an AED is installed will check the AED in the building on a regular basis, at least monthly. It will be that nurse's responsibility to verify that the unit is in the proper location, that it has all the appropriate equipment (battery, mask, case, emergency pack), that it is ready

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for use, and that it has performed its self-diagnostic evaluation. If the nurse notes any problems, or the AED's self-diagnostic test has identified any problems, the nurse must contact the School Nurse Supervisor or designee immediately to report the problem.

2. After performing an AED check, the nurse shall indicate on the AED service log (Appendix III) that the unit has been inspected and that it was found to be "In-Service" or "Out-of-Service."

3. The **[School Nurse Supervisor or School Nurse]** or his/her designee shall be responsible for the following:

a) AED service checks during the contracted school year;
b) the replacement of equipment and supplies for the AED;
c) the repair and service of the AED;
d) all recordkeeping for the equipment during the school year;
e) training, or scheduling training, for all Board employees who require such training or would like to receive such training;
f) maintaining a list of AED certified persons;
g) maintaining all records concerning incidents involving the use of an AED;
h) maintaining of copies of the certifications signed by the AED certified persons (Appendix IV);
i) reporting the need for revising the AED policy and administrative regulations to the Superintendent or designee.

IV. Training for AED certified persons

The Board will provide initial training or refresher training to the following classes of individuals on an annual basis:

1. Staff who work in the Health Services Department, including all school nurses and the School Nurse Supervisor;
2. Staff who work in the Athletic Department, including all athletic trainers, head coaches and the Athletic Director;
3. All building administrators; and
4. Other designated faculty and staff at each school.

The training will be provided in accordance with the standards set forth by the American Red Cross or American Heart Association. An individual completing this training will be considered an AED certified person. **[Note: Additional staff members may be required to receive training if the District has received State or Federal or private funds designated**

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for the purchase of AEDs and for training employees on the use of AEDs and in CPR. For additional information, see Conn. Gen. Stat. § 10-212d.]

V. Procedures for Use of an AED

1. To the extent practicable, AEDs should be retrieved and used by AED certified persons or other trained emergency medical services personnel. In the event no AED certified person or other trained emergency medical services personnel is available or present, an AED may be used by any individual in order to provide emergency care to an individual who may be in cardiac arrest or who may be experiencing a similar life-threatening emergency.

2. AEDs may only be used in medically appropriate circumstances.

3. In the event of use, the **[School Nurse or School Nurse Supervisor]** shall promptly thereafter complete an AED check and verify that the unit is in the proper location, that it has all the appropriate equipment (battery, mask, case, emergency pack), that it is ready for use, and that it has performed its self-diagnostic evaluation. Any problems with the AED shall immediately be reported to the School Nurse Supervisor.

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APPENDIX I

[_____] PUBLIC SCHOOLS
AUTOMATIC EXTERNAL DEFIBRILLATOR LOG

Any time the AED is retrieved and/or used, the AED must be returned to its original location after retrieval/use and the individual returning the AED must complete the necessary information below:

Retrieved (Date & Time)	In-Service	*Out-of-Service	Returned (Date & Time)	In-Service	*Out-of-Service	User Signature

***If out-of-service, immediately contact the School Nurse or School Nurse Supervisor.**

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APPENDIX II

[_____] PUBLIC SCHOOLS
AUTOMATIC EXTERNAL DEFIBRILLATOR
INCIDENT REPORT

Name of person completing report:_____

Date report is being completed:_____ Date of incident:_____

Name of individual on whom AED was used:_____

Age of individual on whom AED was used:_____

Known status of individual: _____

Student

_____ Parent of Student

_____ Other, Explain_____

Describe incident:

_____

_____

_____

_____

_____

List series of events from the beginning of the emergency until its conclusion:

_____

_____

_____

_____

_____

Signature of person completing form:_____

Please forward to the School Nurse Supervisor no later than 48 hours after the incident.

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APPENDIX III

[_____] PUBLIC SCHOOLS
AUTOMATIC EXTERNAL DEFIBRILLATOR SERVICE LOG

Date	Inspected and In-Service	Inspected and Out-of-Service	Signature of Nurse

Once per month or more often the School Nurse will inspect the AED. If the AED is out-of-service or does not have the appropriate equipment, the School Nurse will contact the School Nurse Supervisor or designee immediately.

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APPENDIX IV

CERTIFICATION OF UNDERSTANDING AND AGREEMENT

To: [_____] Board of Education

From: _____

I, _____, hereby certify that I have completed the training provided by the [_____] Board of Education concerning the operation of an automatic external defibrillator and the use of cardiopulmonary resuscitation. I further certify that I have read, understand, and agree to comply with the [_____] Board of Education Policy Regarding Automatic External Defibrillators and the accompanying Administrative Regulations.

Sincerely,

_____ _____

AED certified person Date

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